



State of Rhode Island
Department of State Business Services Division

FILED

MAR 24 2025

BY

Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000027679		2. Exact name of the Corporation Bristol County Bar Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Local Bar Association for attorneys living or practicing in Bristol County			
4. NAICS Code 813920					
6. Principal Office Address 443 Hope Street		City Bristol		State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment: ☐					
President Name Jane Howlett			Vice-President Name Meredith Howlett		
Street Address 865 Hope Street			Street Address 29 Thompson Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Meredith Howlett			Treasurer Name John G. Rego		
Street Address 29 Thompson Avenue			Street Address 443 Hope Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment: ☐					
Director Name Jane Howlett			Director Name Meredith Howlett		
Street Address 865 Hope Street			Street Address 29 Thompson Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name John G. Rego			Director Name		
Street Address 443 Hope Street			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative John G. Rego, Treasurer				Date 3/15/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023